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CONFIRMATION NO. 2427

SERIAL NUMBER 10/057,879	FILING DATE 01/29/2002 RULE	CLASS 341	GROUP ART UNIT 2819	ATTORNEY DOCKET NO. 61282-021
APPLICANTS Asako Kurabe, Kanagawa, JAPAN; Hirofumi Matsushita, Kanagawa, JAPAN;				
** CONTINUING DATA ***** <div style="text-align: center;">JP</div>				
** FOREIGN APPLICATIONS ***** JAPAN P2001-21952 01/30/2001 <div style="text-align: center;">JP</div>				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 02/23/2002				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met <div style="text-align: center;">Allowance</div> Verified and <div style="display: inline-block; width: 150px; border-bottom: 1px solid black; text-align: center;">[Signature]</div> <div style="display: inline-block; width: 50px; border-bottom: 1px solid black; text-align: center;">JP</div> Acknowledged <div style="display: inline-block; width: 150px; border-bottom: 1px solid black; text-align: center;">Examiner's Signature</div> <div style="display: inline-block; width: 50px; border-bottom: 1px solid black; text-align: center;">Initials</div>		STATE OR COUNTRY JAPAN	SHEETS DRAWING 8	TOTAL CLAIMS 14
		INDEPENDENT CLAIMS 1		
ADDRESS McDERMOTT, WILL & EMERY 600 13th Street, N.W. Washington ,DC 20005-3096				
TITLE Orthogonal code generating circuit				
FILING FEE RECEIVED 1560	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> All Fees </div> <div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> 1.16 Fees (Filing) </div> <div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) </div> <div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> 1.18 Fees (Issue) </div> <div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> Other _____ </div> <div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> Credit </div>	

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